

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

RECEIVED  
SECRETARY OF THE SENATE  
JAN -9 PM 3:12

1. (a) Name of Candidate (in full) <b>Susan M. Collins</b>		2. Identification Number <b>C00314575</b>
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>223 Nowell Road</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <b>Bangor ME 04401</b>		
4. Party Affiliation <b>Republican</b>	5. Office Sought <b>U.S. Senate</b>	6. State & District of Candidate <b>Maine</b>

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2014** election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>Collins for Senator</b>
(b) Address (number and street) <b>PO Box 1096</b>
(c) City, State, and ZIP Code <b>Bangor, Maine 04402-1096</b>

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

**DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)**

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A	<input type="text"/>	for the primary election, and
9B	<input type="text"/>	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <b>X Susan M. Collins</b>	Date <b>X 1-9-09</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

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